

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13						63				
14						64				
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38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS		TOTAL IND.		TOTAL DEP.		
8		50		58		←		←		